

# APPLICATION PROCESS

## **YOU MUST:**

- Complete the application entirely.
- Submit application to your Pastor for his/her recommendation.
- Provide Pastor with a pre-addressed envelope to mail application to Accelerant 2018.

## **PLEASE REMEMBER:**

As an intern you are required to help with set-up and tear down of Accelerant. **You must be able to arrive on Wednesday evening, January 24<sup>th</sup>, and stay through the 5pm teardown on the following Sunday, January 28, 2018.**

Accelerant will officially start on Thursday, January 25<sup>th</sup> and conclude on the Sunday, January 28<sup>th</sup>. If you are traveling with a youth group or team, please discuss these requirements with them before applying.

**Intern positions are limited and are filled on a first come, first approved basis.**

## **THEN WHAT?**

Once all forms are received, you may be contacted by phone for a personal interview. If interview is satisfactory, you will be notified of your acceptance by email.

## **IN THE MEANTIME:**

Pray, pray, pray! Our goal is to bring young people closer to Jesus. Accelerant excursions are not a romantic get-away or luxurious vacation. Accelerant is hard work. If you have any questions, we are here to serve you. You may contact us at (843) 394-8508 ext. 134.

### **Accelerant**

P.O. Box 1689

Lake City, SC 29560

(843) 394-8508 ext. 134

Fax: (843) 394-3470

[gamos91380@aol.com](mailto:gamos91380@aol.com) or [angeliacem@aol.com](mailto:angeliacem@aol.com)

**ACCELERANT 2018 – INTERN APPLICATION**  
**JANUARY 25 – 28, 2018**  
**(Must Be Able To Arrive On Wednesday Evening – January 24<sup>th</sup>)**

**APPLICATION FOR:** \_\_\_\_\_

**CONFERENCE NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**BEST TIME TO BE REACHED:** \_\_\_\_\_

**PERSONAL INFORMATION**  
**(PLEASE TYPE or PRINT INFORMATION AND SIGN)**

Name: \_\_\_\_\_  
Last First Middle

Name you go by: \_\_\_\_\_  Male  Female

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ E mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

School Name: \_\_\_\_\_

Home Church: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Youth Pastor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Personal Reference:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HEALTH:**

Do you have any physical limitations, challenges, disabilities, or diseases which might affect your ability to fully function as an intern?  No  Yes (please explain)

**SKILLS**

Rate your current skill level in the following areas:

	NONE	SOME	GOOD	GREAT
Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio / PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Camera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SELF EVALUATION / PERSONAL PROFILE**

Evaluate your personal strengths (S) and weaknesses (W) in the following areas:

	S	W		S	W
Relating to New People	<input type="checkbox"/>	<input type="checkbox"/>	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	Confronting	<input type="checkbox"/>	<input type="checkbox"/>
Encouraging	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Follow Through	<input type="checkbox"/>	<input type="checkbox"/>
Following Instructions	<input type="checkbox"/>	<input type="checkbox"/>	Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>

List your church involvement and leadership experience: \_\_\_\_\_

\_\_\_\_\_

Describe your reason for submitting an application to serve as an Accelerant Intern:

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* **After** you have completed this portion of the application, please submit the form to your pastor in order that he/she may complete the Pastor's Recommendation. It is your responsibility to provide a pre-addressed stamped envelope in order for your pastor to mail the recommendation to Accelerant. **Application cannot be processed without a Pastoral Recommendation & Personal Reference.**

## CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc., on behalf of S C Conference IPHC, Inc. and/or Accelerant may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with S C Conference IPHC, Inc.'s and/or Accelerant consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with S C Conference IPHC, Inc., and/or Accelerant and give my full consent for this information to be obtained.

II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

IV. I understand that if I am a resident of the United States and I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box.

V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.

### CANDIDATE COMPLETE THE FOLLOWING

\_\_\_\_\_  
Signature \_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
Month, Day and Year of Birth \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address \_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Driver's License Number and State \_\_\_\_\_  
Name as it appears on License

Have you ever been convicted of a crime?  No  Yes If yes, please provide city and state of conviction and details of conviction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the candidate/employee contact General Information Services, Inc.

#### NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by (INSERT COMPANY NAME) by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated. I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

# PASTOR, YOUTH PASTOR or PERSONAL RECOMMENDATION

Name of Student: \_\_\_\_\_

Name of Pastor/Youth Pastor or Reference: \_\_\_\_\_

Church Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Thank you for taking the time to assist us in evaluating the applicant. We value you as a reference and your responses will be held in confidence. Upon completion, please send application in envelope provided to:  
**Accelerant \* P.O. Box 1689 \* Lake City, SC 29560.**

How long have you known the applicant? \_\_\_\_\_

How well do you feel you know him/her?  Very well  Casually  Only by face/name

## Which of the following best describes the applicant?

E = Excellent AA = Above Average A = Average P = Poor U = Unknown

\_\_\_\_ Adaptability      \_\_\_\_ Servanthood      \_\_\_\_ Dependability      \_\_\_\_ Spiritual Life  
\_\_\_\_ Response to Authority      \_\_\_\_ Spiritual Influence on Peers      \_\_\_\_ Leadership Ability

## How would you rate the applicant in the following?

O = Often S = Sometimes R = Rarely N = Never

\_\_\_\_ Critical      \_\_\_\_ Irritable      \_\_\_\_ Inclined to Crushes      \_\_\_\_ Argumentative  
\_\_\_\_ Domineering      \_\_\_\_ Rebellious      \_\_\_\_ Depressed

Please comment on the activity and/or leadership role(s) of the applicant in his/her church.

Are you aware of any emotional or mental illnesses in the applicant? \_\_\_\_\_

Have you ever had reason to question the applicant's morals? \_\_\_\_\_

To your knowledge, has the applicant ever had a salvation experience? \_\_\_\_\_

Do you have any reason to lack confidence in the applicant? \_\_\_\_\_

Are there any additional comments you would like to share concerning the applicant?

Based on the above information the applicant is:

Recommended       Recommended with Reservation       Strongly Recommended       Not Recommended

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date